

| <div style="display: flex; justify-content: space-between;"> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <div style="display: flex; align-items: center;"> 510100 11/27/06 </div> <div style="margin-left: 10px;">CLAIMS</div> </div> <div> SERIAL NO. _____ FILING DATE _____ APPLICANT(S) _____ </div> </div> | | | | | | |
|--|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
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| 50 | | 1 | | 1 | | 1 |
| <div style="display: flex; justify-content: space-between;"> <div> TOTAL IND. 1 TOTAL DEP. 61 TOTAL CLAIMS 62 </div> <div> TOTAL IND. 1 TOTAL DEP. 41 TOTAL CLAIMS 52 </div> <div> TOTAL IND. 1 TOTAL DEP. 128 TOTAL CLAIMS 129 </div> </div> | | | | | | |

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| <div style="display: flex; justify-content: space-between;"> <div> TOTAL IND. _____ TOTAL DEP. _____ TOTAL CLAIMS _____ </div> <div> TOTAL IND. _____ TOTAL DEP. _____ TOTAL CLAIMS _____ </div> <div> TOTAL IND. _____ TOTAL DEP. _____ TOTAL CLAIMS _____ </div> </div> | | | | | | |